



EMILY WEITZ DDS LLC
General Dentistry
6449 Wilson Mills Road
Mayfield Village, OH 44143
Phone 440-449-0069
Fax 440-449-1376

RELEASE FORM FOR PATIENTS

I, _____
Name

Address

Hereby request that copies of my dental records and x-rays be transferred to:

Emily Weitz DDS LLC
6449 Wilson Mills Road
Mayfield Village, OH 44143
Phone: 440-449-0069 -- Fax: 440-449-1376
Email: dremilyweitz@gmail.com

I understand that there are no additional copies and I accept full responsibility for these records.

Signature of Patient or Guardian

Date

** Please mail or drop off at PREVIOUS dentist's office **